

MEDICAL PRACTICE

Personal Paper

I am an alcoholic

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I am a doctor and an alcoholic. Today I feel no more shame for the one than for the other. Being by choice a doctor increased my risk of alcoholism and becoming, without intent, an alcoholic hampered my practice of medicine. Even now I dissociate with difficulty the ethical demands of medicine and an illness that dares to speak its name. Yet, the two are separate. It is not necessary to be a doctor to become an alcoholic, and alcoholism is not essential to the practice of medicine. My experience may help others to understand how, in a part of one man's lifetime, medicine and alcoholism became intermingled.

An abstinent, Welsh, Presbyterian upbringing kept me away from alcohol through adolescence. Even at medical school alcohol held no attraction for me. The drunken weekend antics of fellow students were incomprehensible to me. I just could not understand the point of getting drunk.

Aboard the troopship *Asturias*, bound for Korea at the age of 25, my relationship with alcohol suddenly and irrevocably changed. Fellow officers of the RAMC introduced me to the velvet magic of rum with Coca Cola. The magic came, not from the taste or the scent or the texture but from the effect—a relaxing, uninhibiting, magic glow. In that moment the ingrained childhood distrust of alcohol evaporated.

At the outset I came to know that I could drink large amounts of alcohol without becoming drunk or sick. I could drink with apparent impunity and proceeded to do so frequently and carelessly. But, so did those around me. Officers and gentlemen, we drank together and cursed the army. Drinking alcohol became a daily routine; before lunch, before dinner, with dinner, and at evening parties in both Korea and Hong Kong. Perhaps I drank more than others. If I did, no one noticed or if they did, no one said so.

Two years later I had become dependent on alcohol but did

not know it. In this short time the tranquillising effect of alcohol had unconsciously become a Pavlovian reflex. It was neither deliberated nor recognised. A sequence of work—alcohol—relaxation became an acceptable ritual over which I gradually lost control.

Returning to civilian practice and a career in obstetrics and gynaecology, I began to find additional reasons for drinking. Many of these were attached to work. The working hours as senior house officer and registrar were long and arduous. Studying for higher examinations demanded extra effort. The competition for posts in 1960 was fierce. The ladder of progress being long, narrow, and sparsely runged. A sense of exploitation and low pay induced resentment. All these were excuses to drink—good enough and real enough at the time. Just the same, they were only excuses which supplemented an established dependence. Most of my colleagues accepted the difficulties without resort to alcohol. For me the reflex was already too strong.

Within a few years minor symptoms of withdrawal—morning shakes, early awakening, and mild depression—emerged to confound the problem. I began to drink alcohol for symptomatic relief and to drink earlier in the day. No one around me seemed to notice, or if they did so, nothing was said to me.

Daily intake of alcohol gradually increased and with this came more symptoms, a worsening overdraft, and a loss of interest in my chosen specialty. Each clinic or operating session became an increasing burden to dovetail into a demanding drinking pattern. That I was able to present a semblance of normality is a tribute to alcoholic cunning or a condemnation of my colleagues' sense of observation. Drinking now made me drunk and amnesic, but these excesses were always at home and consequently uncommon. On these occasions I would wake very early in a trembling, retching lather of sweat, craving for the alcohol I had carefully hidden. Sometimes I would forget the hiding place and become terrified of worsening symptoms of withdrawal.

The more common daily ritual included an intermittent and carefully titrated feed of alcohol, coupled with many mint or cough sweets. Some work suffered, particularly record-keeping

and letter writing. The more tedious work became neglected. By some miracle of effort I maintained good clinical standards and obtained an MRCOG.

Seeking help

This increasingly unmanageable way of living continued until, at the age of 32 and overawed by a worsening overdraft, I became sick of being sick and sought help. Fortunately there was help. Doctors and fellow alcoholics, willing to accept alcoholism as an illness, relieved my distress.

Immediate physical recovery is rapid. Profuse uncontrolled sweating and disabling tremor stop. Agonising anxiety and the threat of delirium tremens recede. Appetite and rational thinking return. Quickly I became convinced that I no longer had a problem. Now that the roundabout had slowed, surely I could climb on again and drink sensibly. I tried, I failed.

A newly established alcoholism treatment unit accepted me. There I learnt about alcoholism, about me, about group therapy, and about Alcoholics Anonymous. The consultant psychiatrist in charge, a stern, silent Irishman, helped me to recognise the consequences of my illness, consequences that affected most aspects of my life—an illness that would remain with me for life, ever threatening to erupt with increased ferocity.

On the whole I was not displeased. Alcoholism had dealt with me kindly. I had committed no crime. I still had a family and a job. My liver seemed undamaged and my nervous system intact. Suicide had not occurred to me nor had I become unduly depressed. Perhaps this is not surprising as I had been drinking alcohol for only seven years and compulsively for only three. I had, however, become ill enough to stop and understood enough to stay away from alcohol.

The Group—a euphemism for a bunch of uncompromising alcoholic fellow patients—showed me myself as other people see me. I was not amused. For a few days I hated myself, but the hardest hitters were also the most encouraging and I gradually recognised the more attractive bits of me. Between them, the psychiatrist, the Group, and AA showed me a vision of life free of alcohol which seemed worth pursuing.

Mental recovery was painfully slow. It was two years before memory fully returned and rational thinking approached normality. Being financially troubled and disenchanted with hospital practice I changed to general practice, a decision I have never regretted.

Afterwards

For nine years I worked and played hard and enjoyed the benefits of successful practice and family life. Self-confidence returned and became ambition. When a university post was offered I had enough confidence in my sobriety to believe that I could do anything safely. I was wrong.

The nature of the post convinced me that I must conceal my alcoholic history. I stopped attending meetings of AA and cut my other connections with alcoholics except as a therapist. The responsibilities of academic medicine and my attitude towards them generated a destructive arrogance and pride which I failed to control. There were happy moments, too. Moments of achievements and strong friendships.

Within two years, and 11 years after I had stopped drinking, I took another drink of alcohol, a single glass of wine. It was offered to me by a colleague on a transatlantic flight when I no longer wanted to be an alcoholic let alone be known to be one. All my defences were already destroyed and with that glass of wine my hard-won sobriety was lost. Though I secretly knew the danger, one glass of wine was sufficient to convince me that I could "get away with it."

For 18 months I did, drinking a little alcohol occasionally without apparent harm. Gradually the effort needed to maintain control increased. My life again became preoccupied with

drinking—planning, anticipating, concealing, craving. An occasional drink became a daily habit.

Complete loss of control came abruptly. A relaxing evening whisky became a ten-day bout of constant drinking. Day after day I poured bottle after bottle into myself. At the end of this bout, of which I remember little, I was admitted to hospital and might otherwise have died.

Many have asked me why this happened, but I have no answer. There was no particular stress, no special reason except that I am an alcoholic. This is the essence of my alcoholism. It defies explanation and is difficult for a proud man to accept. The frustration of failure, the humiliation of despair only increased an irrational impulse to find a way to drink safely. I tried again and again, each time more disastrously than before. During the next three years I was admitted to hospital over 15 times but always well away from home.

Protecting my job became an obsession for me and my therapists. There were plenty of warnings and threats, but many people, including psychiatrists and family, enabled me to maintain the charade of denial and concealment. My standards of medical care undoubtedly diminished. Fortunately, no one made formal complaint.

All the things I had previously avoided—delirium tremens, attempted suicide, liver damage, neuropathy, police problems, loss of family affection, and loss of job happened to me. The university was clearly concerned to preserve its good name. Colleagues became, by turn, confused, angry, supportive, encouraging, frustrated, and ultimately glad to see me go. A few rejected me totally, a few remained caring and helpful. Most just wanted to get on with their own lives without the intrusive nuisance which I had become. Eventually I retired as graciously as my last shreds of pride would allow.

An experienced psychiatrist took charge of me, an uncompromising therapist near to my home whom I had avoided for fear that contact would affect my job. Again the triad of psychiatrist, the Group, and Alcoholics Anonymous rescued me. Added to this was the influence of the British Doctors and Dentists Group. Today I know very many alcoholics. A 100 and more are doctors. We know and understand one another like no other group of people. Mutual support and understanding provide relief that medicines cannot give.

There is an increasing strength and purpose in the three years of my sobriety that matches the despair I once knew so well. So far as possible amends have been made. My family is happy, and I am content with the work I do. My life is more complete and relaxed than it has ever been. Yet, I am still an alcoholic. One careless glass of wine is all it takes to bring back the horrors of the past, and worse. That drink, the first, is the only one over which I have control.

Alcoholism is a frustrating illness. The cause defies detection. There is no known medicinal cure. The treatment—abstinence—so easily said but so frustratingly difficult to sustain, is but one solution. A solution that can be made to work and in relapse to work again. Amid the turbulence of alcoholism there is shame and guilt and remorse and rejection. Surely the time has come to speak more freely of the illness that dare not speak its name.

Is there any known link between dextrocardia, dextroviscera, and Perthes' disease?

An extensive search has failed to find any reported link between these conditions. The association between other congenital abnormalities and Perthes' disease has been reviewed in some detail recently.^{1,2}—S C GALLANNAUGH, consultant orthopaedic surgeon, Hastings.

¹ Wynne-Davies R, Gormley J. The aetiology of Perthes' disease. *J Bone Joint Surg* 1978;**60B**:6-14.

² Hall DJ, Harrison MH, Burwell RG. Congenital abnormalities and Perthes' disease. *J Bone Joint Surg* 1979;**61B**:18-25.